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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

- None - *TP*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

- None - *TP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 3	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>TP</i> Initials				

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## TITLE

Hospital gown

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